

Confidential Financial Questionnaire



GENERAL INFORMATION	Name: _____	Nickname: _____	DOB: _____
	Primary Home Address: _____		
	City, State, Zip Code: _____		
	Current/Former Employer: _____	Retired: <input type="checkbox"/> YES <input type="checkbox"/> NO	
	Desired Retirement Date: _____	Client Email: _____	
	Occupation: _____	Current Employer: _____	
	Spouse Name: _____	Nickname: _____	DOB: _____
	Current/Former Employer: _____	Retired: <input type="checkbox"/> YES <input type="checkbox"/> NO	
	Desired Retirement Date: _____	Spouse Email: _____	
	Occupation: _____	Current Employer: _____	
Home Phone: _____	Client Cell: _____	Spouse Cell: _____	

INCOME	Please list <u>MONTHLY</u> income from each source:	Self	Spouse
	Gross Salary (Wages)	_____	_____
	Social Security	_____	_____
	Pension	_____	_____
	IRA/401(k) Distributions	_____	_____
	Income from Investments	_____	_____
	Rental Income (Real Estate)	_____	_____
	Other: _____	_____	_____
	Other: _____	_____	_____
	Totals	_____	_____

EXPENSES	What is the monthly cost to support your life-style? (Not Just Living Expenses)	_____
	Desired Monthly "Net Spending" in your retirement	_____
	The most accurate way to understand your true living expenses is to add what actually came out of your bank account in the last 12 months. Please consider the following: Utilities, vacations, dinners, hobbies, etc.	

CASH FLOW	Is your current cash flow sufficient and comfortable? <input type="checkbox"/> YES <input type="checkbox"/> NO	If you answered no, please explain: If you answered yes, please explain: If you answered yes, please explain: If you answered yes, please explain:
	Are you planning any major lifestyle changes? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	Do you anticipate any significant changes in cash flow? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	Do you foresee purchases over \$20,000 in the next 3 years? <input type="checkbox"/> YES <input type="checkbox"/> NO	

OBJECTIVES	What are your financial objectives? (Check all that apply)		
	<input type="checkbox"/> Retirement Income	<input type="checkbox"/> Develop a more conservative portfolio	<input type="checkbox"/> Pass Assets to Beneficiaries
	<input type="checkbox"/> Protect Assets from Market Volatility	<input type="checkbox"/> Reduce Fees	<input type="checkbox"/> Reduce Taxes
	<input type="checkbox"/> Other		

The Asset values provided herein have been obtained from the above named individual(s) or statements provided by the client. Neither Martinsen Wealth Management or Lane G. Martinsen have independently verified the values.

Lane G. Martinsen is a Certified Financial Fiduciary, an Investment Advisor Representative of First Advisors National RIA, an SEC-Registered Investment Advisor, and a Retirement Income Certified Professional (RICP). He is also an insurance and annuity professional licensed in multiple states. Lane is the author of "The Holistic Retirement Planning Revolution," and the Founder / President of Martinsen Wealth Management, LLCC, Folio Financial, Inc., and Folio Investments, Inc. are affiliates of Goldman Sachs & Co. LLC and subsidiaries of Goldman Sachs Group, Inc., a worldwide, full-service investment banking, broker dealer, asset management and financial services organization.

The Risk Assessment Questionnaire can help to determine an appropriate mix of financial vehicles for a financial strategy, based on the answers given to the questions below. This page must be completed for compliance purposes.

1. What do you think a reasonable rate of return is? Client _____ % Spouse _____ %
2. What percentage of your money would you be OK with losing? Client _____ % Spouse _____ %
3. What is your risk tolerance on a scale of 1-99? Client _____ Spouse _____
4. How much short-term, immediate cash do you want available? Client _____ Spouse _____
5. There are four things you can do with your nest egg. Which two are the most important to you and your spouse?

_____ Spend it	_____ Purchase financial products with risk of loss to principal.
_____ Pass it on to family through inheritance	_____ Purchase financial products, including insurance products without the risk of loss to principal.

Long-Term Goals and Expectations - Your views of how a financial vehicle should perform over the long-term.

1. What is your goal for your retirement resources?

<input type="checkbox"/> To grow aggressively	<input type="checkbox"/> To grow with caution
<input type="checkbox"/> To grow significantly	<input type="checkbox"/> To avoid losing money
<input type="checkbox"/> To grow moderately	
2. Suppose the stock market performs poorly over the next decade, what would you expect from your retirement investments?

<input type="checkbox"/> To lose money	<input type="checkbox"/> To make a modest gain
<input type="checkbox"/> To make very little or nothing	<input type="checkbox"/> To be little affected by what happens in the stock market
<input type="checkbox"/> To make out with a little gain	

Short-Term Risk Attitude - Your attitude toward short-term volatility.

3. Which of these statements would best describe your attitude about the next 12 months' performance of retirement investments?

<input type="checkbox"/> I don't mind if I lose money	<input type="checkbox"/> If I suffered a loss of greater than 10 percent I'd get concerned
<input type="checkbox"/> I can tolerate a small loss	<input type="checkbox"/> I'd have a hard time stomaching any losses
<input type="checkbox"/> I wouldn't worry about losses in that time frame	

1. Pension Details:

	Client	Spouse
- If there is a Lump Sum Option, what is the lump sum amount?		
- If there is an annual Cost of Living Adjustment (COLA), what is the annual increase as a percent?		
- If there is a Survivor Benefit, what percent does the survivor receive?		
2. Are you currently contributing to an employer retirement plan? YES NO YES NO

- If so, what type? (ex. 401k, 403b, 457, TSP, Simple IRA, SEP IRA)	
- What percent of your income do you contribute?	
- What percent does your employer match?	
- Does the Employer offer a "Roth" option?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
- Do you max fund an Individual Retirement Account (IRA) Annually?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO

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